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ANNUAL REPORT ON THE HEALTH  
OF THE TOWN FOR  
1945.  
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N.E.Chadwick. M.A., M.D., D.P.H.

Medical Officer of Health  
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Public Health Dept.,  
Hove. Aug. 1946.

( )



To The Mayor, Aldermen and Councillors,  
of the Borough of Hove.

Your Worship, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1945 - the first one for six years in which the emphasis is laid entirely on Public Health and not solely or principally on Civil Defence in all its aspects. The old controversy on the real state of the nation's health still remains unsettled and one can only say that, in the light of such investigations as have been found possible, there is no definite decisive evidence that our people's bodily nutrition has suffered, but it is equally positive that, whatever be the explanation, the fitness of the individual - whether he be child, adolescent or adult - is not up to the standard of 1939. The Ministry of Health has endeavoured to come to some conclusions by sample investigations of the illnesses - minor or serious - of 2 to 3 thousand persons in various parts of the country and it appears that in 1945 on the average, approximately 75% of the persons interviewed did admit to some illness or injury during that period and that 15% of the men and 25% of the women suffered from attacks of nervous debility or dyspepsia - the type of ailment which though not completely disabling does much to hinder the smooth-running of affairs whether in the home or at work. The weakness of this form of statistical survey is the smallness of the numbers investigated and the lack of any method of comparison with the pre-war years. In my work as Tuberculosis Officer I am having referred to me an increasing number of women - usually housewives - with symptoms suggestive of Pulmonary Tuberculosis but which further investigation proves to be the result of strain and stress of modern conditions of life and perhaps an unsatisfying diet among a section which has displaced the middle class as the backbone of the nation and consequently receives no consideration from anyone. In the same way, although the results of the nutritional assessment made at the medical inspections of the school children show the usual high level of normal nutrition, it has been noted how much more easily children tire after physical exertion, how much more prone they are to catarrhal infections, and how much longer they take to recover from them. The Minister of Food himself said recently "Man does not live by calories alone" and we should therefore be a little distrustful of these experts who insist on proving to us how little our present diet differs in nutritional value from 1939 and how unscientifically we fed ourselves in those years of plenty. I have often noticed what a poor opinion the expert - whether nutritional, educational, or dietetic - has of the average modern parent's ability to bring up a family whereas the truth is that he is usually deeply interested in and makes a very good job of this most important of Nature's tasks, often in disheartening circumstances.

#### VITAL STATISTICS:

These follow very closely the trend of 1944 and the other later war years and where there are marked divergencies from the national figures they are due to peculiar local circumstances, or to the smallness of the totals involved. The Birth Rate was 13.91 - practically the same as in 1944 - compared with 16.1. for England & Wales; the Infant Mortality Rate 61.2 compared with 46; and the Death Rate 17.9 compared with 11.4, the last figure requiring no very intricate explanation. There was an increase in the Infant Mortality Rate over the previous year which was accounted for statistically by an increase in the Illegitimate Mortality Rate from 50 to 110, and the Total Death Rate under one month from 24 to 35. As far as possible every Infant Death is investigated by the Health Visitors as



soon as it is reported but a considerable proportion occur outside the town and are only assigned to their normal place of residence by the Registrar-General through a system of transfer deaths after an interval of three months when investigation is not always welcomed and cannot be so accurate. An analysis of the actual causes of Infant Death shewed that Prematurity accounted for 13, Congenital Defects 8, Injuries to the Brain following Difficult Labour 5, and Infection 5, and under these headings only the last two can be considered in any degree to be preventable. There were no Maternal Deaths and no Deaths from Whooping Cough or Measles. Cancer deaths accounted for nearly 20% of the total adult deaths.

#### CHILD WELFARE SERVICES:

The general arrangements for the supervision of children under school age - a combination of visits in the home and attendances at the Infant Welfare Centres - with additional facilities for dealing with special defects, continued unchanged throughout the year. The two Infant Welfare Centres attracted an ever-increasing number of mothers who found that the opportunities for discussing their special problems with the Doctor or the Health Visitors, for purchasing Infant Foods and the special Vitamin Supplements of the Ministry of Food, and for securing the immunisation of their babies against both Diphtheria and Whooping Cough, all under the same roof, well worthwhile. Some 2,000 individual children attended the Centres in 1945, 700 for the first time, and at times the sessions became overcrowded particularly in the afternoons, but it is impossible to remedy this state of affairs when the mornings have to be devoted to shopping and other domestic entanglements. The only two free days on which additional sessions could be opened are Monday and Friday afternoons and it has been found in the past that neither of these are popular with the mothers. If Hove had been allowed to continue as a Welfare Authority there is little doubt that plans for the construction of new Centres would have been approved but with the prospect of the Service generally passing to the County Education Authority it is obvious that nothing can be done in the immediate future. When that transfer takes place three Centres will be required - one to replace the present Clarendon Villas Centre (in the same neighbourhood) - one to embrace the north western portion and the new areas north of the Hangleton Road - and one which might include the western portion of Hove and the eastern part of Portslade. The present system of utilising and adapting existing premises is not satisfactory and buildings specially designed for this purpose are required, to which might be added accommodation for Day Nurseries.

In many respects the Home Visits of the Health Visitors are even more important than the attendances at the Clinics since in the former there is not the same pressure of time and during the year some 8,000 visits were paid to families and 150 to expectant mothers. One of their important responsibilities is the supervision and care of illegitimate children and the Department works in close touch with the Chichester Diocesan Moral Welfare Association and the Probation Officers in dealing with individual cases before birth. Afterwards a close watch is kept on the disposal of the baby whether it be passed for adoption, boarded out with a foster mother, or placed at the Day Nursery while the mother goes out to work, and every effort is made to trace and transfer children who have left the town.

Among our ancilliary services must be mentioned the Dental Scheme for toddlers who attend the School Dentist, and our Orthopaedic Scheme which is based on Hove Hospital for out-patient treatment and Chailey Heritage for in-patient.

In June Miss A. Hipkins, the Senior Health Visitor and Inspector of Midwives retired after 38 years' service, 28 of which were spent in Hove. In the early days she did a great deal of the pioneer work in creating the service and much of its development on the right lines were due to her enthusiasm and hard work. I learned to rely very considerably upon her advice and experience in any changes which were contemplated and the town owes her a big debt for all the years she devoted to the welfare of the mothers, babies and young children.

#### MATERNITY SERVICES:

Under the scheme approved under the Midwife's Act, 1936, Domiciliary Midwifery for the town is carried out by the staff of the Portland Road Branch of the Sussex Maternity Hospital - the Portslade Branch of the Queen's Nurses attending some cases privately on the western boundary. For institutional midwifery the Authority has beds at Portland Road, Buckingham Road and Southlands Hospital and the trend towards confinement in Hospital rather than at home has continued and, I believe, is likely to become the normal practice. The Ante-Natal arrangements for mothers booked for Southlands Hospital were improved by the transfer of the Centre to the County Council Clinic in Clarendon Villas which provides better accommodation for the large number who attend. It is satisfactory to record that there was only one case of Puerperal Pyrexia notified and no Maternal Deaths among the 800 births.

The measures for preserving life of the premature infant were also discussed with the staff of the Sussex Maternity Hospital and it was felt that the provision of a heated cradle to be kept at Portland Road might be an advantage but at the time only make-shift contraptions were available and, as the majority of such cases could be admitted to Hospital very easily, it was decided to defer its purchase until its necessity became more apparent.

The services of the Domestic Helps have been available for cases of confinement in the home and have been the means of solving that most difficult accompanying problem of the care of the other members of the family while the mother is having her baby.

#### WAR-TIME NURSERY:

The Nursery continued to meet the requirements of those mothers whose economic or domestic circumstances required them to undertake daily work and with the end of the war, it was found that there was no diminution in the demand for places. The chief emphasis in the establishment of War-Time Nurseries was the supply of female labour to the national war effort and the great advantages to the child of being well cared for bodily and receiving some elementary instruction in social adjustment were apt to be regarded as of secondary importance. To-day, with the limited number of vacancies, it is necessary to pay more attention to the individual mother's need to go out to work and at the same time to take into consideration the child's need for admission and the alternative if he is to be left to the care of neighbours or elderly relatives. The total number of attendances was nearly 16,000 - an average of over 60 per day - which taking into account periods of illness and staff difficulties shews that the Nursery was well appreciated. Administratively the year was one of considerable difficulty - many of the staff were only temporarily employed for the period of the war and left as soon as their husbands became demobilised. The Ministry of Health seemed unable to make up its mind as to the future place of the Nursery in the Child Welfare organisation and it was not until December that the financial grants, which Local Authorities could look to if they



decided to continue the Nurseries, were announced. There was also a certain amount of difference of opinion as to the relative places of the Day Nursery and the Nursery School in the provision to be made for children under school age. With all this uncertainty it was impossible to offer any permanency to new applicants for vacant posts and in addition the Ministries of Health and Education chose this most inopportune moment to announce new conditions of training for the Probationers which had the effect of preventing the Nursery from resuming its status as a Training School. The new syllabus extends over two years and includes what are termed vocational subjects involving attendance at a course of lectures conducted by the local Education Authority.

#### INFECTIOUS DISEASES:

The incidence of infectious disease remained on the same level as all the previous war years, except that Measles shewed its usual biannual rise. 15 cases of Diphtheria were notified and in none had immunisation been carried out. There were 83 cases of Scarlet Fever, usually mild, and 571 cases of Measles with no fatalities and only 13 admissions to Hospital. This does not represent the true incidence of Measles because in many cases, particularly when a second member of the family is affected, no doctor is called in.

#### SANATORIUM:

The admissions to the Sanatorium were rather lower than in the previous 5 years mainly through the diminished demands from the Services and included a number of conditions for which in normal times provision would not have been expected nor made but nursing and other difficulties at home made admission to Hospital a necessity.

The staffing of Hospitals - particularly the smaller and more isolated ones, which includes most Fever Hospitals - has long since passed the nightmare stage to those responsible for their administration and our own is no exception and has only been kept open at times by the willingness of the resident staff to sacrifice their leisure and convenience for the benefit of the patients. A great deal of scorn has been thrown at the small Fever Hospitals on the grounds that no Hospital which does not require a Resident Medical Officer can possibly be efficient. It is certainly convenient to have a doctor on the premises but in an area such as this where one can always be obtained it is no bar to the efficient treatment of the cases. In any case the very pertinent fact remains that so long as infectious disease remains with us provision will have to be made for the reception of cases and until the small hospital is replaced by a larger one or by a block attached to a general Hospital, it will have to remain open and be staffed. The problem of supplying nursing and domestic staff will not be solved by taking the old rates of salary and revising them, nor by placing an inordinate value on the Board-and-Lodging portion of the remuneration. Even with all the amenities to the Rushcliffe Scale a Ward Sister now only just about holds her own in cash salary with an Uncertificated Cook and receives no payment for all the overtime she necessarily has to put in in a Hospital such as the Sanatorium. It cannot be said that anyone has shewn any great imagination in attempting to solve this nursing problem and more attention has been paid to maintaining the standards of training than to attracting recruits by giving concessions to the many suitable candidates who have had experience in the Services.

With the termination of the War a long delayed improvement in the water supply could be carried out. The original water tank held 30,000 gallons, far in excess of the hospital's present daily requirements even when the laundry is in use, and as a result there was some stagnation which rendered the water not entirely satisfactory for drinking purposes. In 1943 this was partially remedied by the construction of a subsidiary tank of 1,300 gallons fed from the larger one but war-time shortage of supplies prevented it being of sufficient capacity to ensure an adequate daily supply to 2,800

gallons. This tank was enlarged in 1945 and for the future the large tank will only be required as a stand-by against fire.

At the same time the control of the kitchen garden and grounds was placed directly under the newly appointed Parks Superintendent.

#### DIPHTHERIA IMMUNISATION:

During the year a further 438 children under the age of 5 years and 106 over that age were immunised through our Infant Welfare and School Medical Service arrangements. There were no cases of Diphtheria notified in which the patient had previously been immunised and I am satisfied that in one way or another the very large majority of children under the age of 5 have, at one time or another and through various agencies, received the necessary immunising doses but in an area such as this where Diphtheria is not very prevalent the duration of the original protection is apt to wear off after four or five years and it is essential that this should be stimulated by supplementary injections and it is on this we are now concentrating. One of the main difficulties in connection with the whole service is the intricate and elaborate record keeping which has to be undertaken and maintained in order to keep track of the old cases and also to compile the Ministry of Health returns. At the same time a scheme was promoted for enrolling the private doctor as an agent for the immunisation of children when they arrived as members of the family. For a payment of 6/- per child and the free supply of the necessary material they were expected to give the necessary two injections. The amount of payment was agreed upon by the British Medical Association as part of a national campaign but either because the fee was too low or because most of the eligible children had already been protected under a private arrangement, the scheme did not prove attractive and very few children were, in fact, treated under it.

#### TUBERCULOSIS:

There has been an increase in the cases of Pulmonary Tuberculosis notified particularly amongst Males between the ages of 20-45 but this is partly accounted for by the addition to the register of patients discharged from the Services and the Mortality Rate which is a truer index of incidence has, in fact, been reduced. The attendances at the Dispensary particularly of the new cases referred by their private doctors or attending on their own initiative have greatly increased and although in the large majority of instances full investigation reveals no disease of the lungs it is gratifying that the general public is alert to the advantages of this method of chest overhaul accompanied by an X-Ray, and that the doctors welcome the opportunity of referring to a consultant whom they know and with whom they can have a personal discussion at any time, patients in whose cases they are apprehensive. It is no longer necessary to keep such suspect cases under observation for long periods with the consequent disturbing of their peace of mind, now that the X-Ray has so largely replaced the stethoscope as a diagnostic agent.

The problem of accommodation for the chronic patient often with a positive sputum, has not yet been solved so far as East Sussex is concerned and it will now presumably be left to the new Regional Hospital Boards to deal with a class of case which, whether regarded from the Public Health aspect as an infective agent or as a sufferer from a long-standing disease in the family circle, has been too long neglected.

#### NATIONAL HEALTH PLAN:

In last year's Report I commented that in view of the change of Government a fresh start would have to be made in the Scheme for a National Health Service and at the time of writing not only has a new start been made but for practical purposes the Bill is on the



Statute Book. Under its provisions most of the local personal Health Services will pass away from the non-County Boroughs to larger Authorities and the man on the spot will be in many instances superseded by the man at a distance. Domiciliary Midwifery will pass to the County Councils and County Boroughs but Institutional Midwifery will be taken over by the Regional Hospital Authorities so that if a mother changes either her mind or her obstetric conditions during her pregnancy she will fall to be dealt with by two different Authorities. Child welfare Services will pass to the Education Authority and thence presumably back to the Divisional Education Authority in which case those who have been running these Services so successfully for many years will have some say in their maintenance and development. Tuberculosis will be similarly split between Hospital Authority and County Council, with the local Medical Officer of Health perhaps dragged in to assist in Housing and other Public Health adjuvants to successful treatment, while Ambulance Services, Health Visiting, Domestic and Home Nursing all pass to the County Council. The Minister has strenuously resisted all attempts to permit delegation of these powers to those "minor" Authorities who have been responsible for them in the past and yet it is rather interesting to discover that of the County Boroughs who are to be entrusted with these wide powers, no less than 13 of them have populations of less than 60,000, and of the County Councils similarly favoured (leaving out the Welsh Counties) 6 of them have populations of less than 90,000. On the other hand, disregarding the Metropolitan Boroughs, many of which have large populations, no less than 16 of the Municipal Boroughs and Urban Districts have populations of over 100,000. It is, therefore, at the moment quite impossible to see how all the complicated system of administration is going to improve the lot of the person who really matters - the patient - even if that blessed term "co-ordination" is invoked, and even now it is perhaps not too late to hope, rather timidly, that local interest in these personal Health Services will not be entirely swept away in order to develop a Complete Health Service on paper. It is obvious that this administrative untidiness cannot continue indefinitely and that the next step will be the abolition of all Local Authorities for Public Health Services and the concentration of these functions in the Regions which will have been set up for Hospital Services.

#### WORK OF THE SANITARY DEPARTMENT:

The changeover during the year from war to peace conditions was particularly noticeable in the work of the Sanitary Department where on Housing alone with the same staff, nearly double the number of visits of inspection were paid and it is gratifying to note that of 500 properties in which defects were discovered all but 16 were remedied without recourse to Statutory Notices. Verminous premises were once again a difficult problem, particularly when occupied by old people incapable of looking after themselves and for whom alternative temporary accommodation was not readily available.

The Ratcatcher was kept busy dealing with complaints of rats and in the early part of the year extensive baiting of the sewers was carried out but the results did not shew any large scale infestation.

In November, 1944, the Ministry of Food released small quantities of the ingredients for Ice Cream manufacture basing their allocation on a pre-war turnover but not allowing liquid milk or butter and only 40% of the quantity of sugar, and by the summer of 1945 considerable quantities were on sale in the Borough. Hove has always taken a great interest in Ice cream and in 1939 sent a deputation to the Ministry of Health to discuss the setting-up of standards of cleanliness and quality, and with the revival of the trade sampling was renewed, the results of which are tabulated in the Report itself. It will be noticed that although the prices are roughly comparable there is a very considerable difference between the Bacterial Counts and the Chemical Composition of the different samples. Even if it be granted that the significance and



interpretation of the Bacterial Examinations is not entirely a matter of cleanliness of production and that in the Total Count there is no question that many of the organisms are doubtless harmless, on the samples in question - both on Bacterial and Chemical Content - the large firms shewed to great advantage. The method of allocation of the basic ingredients certainly favoured them and this accounts for the higher food value of their products but also their large scale methods of machine manufacture, with their own bacteriological control at each stage, tended to turn out an article far less likely to be contaminated with any pathogenic organisms.

#### HOUSING:

By the end of the year the full extent of the Housing situation had begun to be apparent as shown by a total of 2,500 applicants - 1,500 of whom at least were suitable and at least 200 really urgent. The assignment of priorities had only just begun in the October and so the 200 urgent cases may have been something of an underestimate. There were for practical purposes no vacancies on the Housing Estate and by the requisitioning and conversion of 75 existing properties the Council had housed 62 families but it had not been possible to make a start on their programme of 500 permanent houses. It is obvious that Hove shares with the rest of the country a big housing problem and that it will be some time before even the really urgent cases are suitably accommodated and several years before all those whose present accommodation is inadequate or unsatisfactory can be dealt with. The Public Health Department co-operates very closely with the Housing Department in bringing to the notice of the latter serious cases of overcrowding or inadequate accommodation but in cases of families with a large number of children alternative premises are not readily available. As part of the review of the situation I made a survey of the basements in a section of the eastern part of the town, which had been cited in some quarters as a magnificent example of a certain type of British architecture. Whatever its merits may be from that viewpoint and whatever may be the living conditions of the upper floors, I can only submit that there is no place in modern planning for premises in which dampness is all prevailing and in which light and ventilation are markedly defective. Unfortunately the times are not propitious for the closing of these underground dwellings.

It seems unfortunate that the new houses will still generally conform to the general plan of a box divided into sections, which has been their lay-out for so many years, and it has not been found possible to incorporate in the designs any of the newer methods of sound-proofing, plumbing, and particularly hot water supply and domestic heating. Once the house is built it is impossible to introduce these improvements and amenities and it will be for a later generation to benefit from the discoveries of the present one.

#### CARE OF THE AGED AND CHRONIC SICK:

In a town such as Hove with its high proportion of aged persons, the problem of the care of the aged, infirm and poor has been particularly acute during the past twelve months. There has been at times the utmost difficulty in securing accommodation for the bedridden and helpless living on their own - often in one room - a difficulty not due to any lack of interest by the Public Assistance Authority but occasioned largely by the lack of nursing and domestic assistance in the various Institutions. The nursing of these cases is obviously neither so satisfying nor so interesting, as the acute case. There have been many other cases in which admission was clearly desirable on general grounds but could not be pressed either because the accommodation was not available, or because the patient was unwilling to give up his little bit of independence as an individual and become one of a crowd in a Hospital Ward. The proper disposal of the infirm chronic sick is many-sided and different types of accommodation are required for the varying types - hospital

beds for the sick and bed-ridden; flatlets with a resident welfare officer and sick-bay accommodation for the more active, and some kind of homelike hostel for those lying between these groups. The provision of a Club such as that inaugurated by the present Deputy-Mayor when he held the superior office has met a long-felt want and inspired the members with the feeling that after all they are not entirely forgotten and that although this state designed world is mainly for the young and active, there is a place in it for those who, particularly in the war years, bore cheerfully and uncomplainingly, the burden of a life which proved well nigh insupportable to their younger relatives.

In this connection I would refer to our Domestic Help Scheme inaugurated in 1944 and expanded in 1945, which has provided very welcome temporary assistance to some of these cases and also to other more acute types of illness in emergency in the home. There have been on the average, three Home Helps employed throughout the year and in all they have - including confinements - attended to 70 cases, in most instances taking in two cases a day. Unfortunately we have had to turn down some applications because they really needed permanent domestic assistance and we have had to take the Help away from cases in which it would have been an advantage if she could have stayed, because of the demands of more urgent cases, but it has certainly been a service which has met in a small way, a long-felt want.

#### GENERAL ADMINISTRATION:

The year 1945 was a strange combination of doffing the old and donning the new and, with a temporary changing staff, it was inevitable that not all the various problems could be tackled entirely satisfactorily and at times it was impossible to decide which subject to tackle next, despite the plethora of advice, admonition, and instructions from the various Ministries. Nevertheless as always, I am deeply sensible of the assistance I received throughout the year from those immediately responsible for different sections of the many-sided activities of the Public Health Department and in that connection I would particularly refer to Dr. Hewitt and Dr. McEwan, the Assistant Medical Officers; Mr. Churcher, the Chief Sanitary Inspector; Mr. Rickett, the Chief Clerk; and to the Matrons of the Sanatorium and the War-Time Nursery but in mentioning these individuals I realise that the efficiency of any organisation depends upon the loyalty and co-operation of every member of the staff from the most junior clerk to the most senior administrator and in this respect I count myself most fortunate in the team which I have gathered round me in the Department.

Finally I should like to place on record, once again with gratitude, the complete confidence which the Chairman and members of the Committees have again placed in me and the whole-hearted support they have afforded me throughout the year.

I remain,

Your obedient Servant,

N. E. Chadwick.

Medical Officer of Health.

Public Health Dept.,  
Hove. Aug. 1946.



VITAL STATISTICS.

Population - 57,560.

Births: Legitimate	354	Males	347	Females	Total	801.
Illegitimate	50	"	50	"		

Stillbirths totalled 13 Rate per 1,000 population 0.22.  
 " " 1,000 births 16.22

Deaths: 452 Males 684 Females Total 1136

Death Rate: 17.91

Birth Rate: 13.91

Number of women dying in, or in consequence of, childbirth:-

NIL.

Deaths of Infants under 1 year or age totalled 49, being:-

Legitimate	20	Males	18	Females.
Illegitimate	7	"	4	"

The rate per 1,000 live births for legitimate was 47.44 and for illegitimate was 110.00 Total 61.2.

The Neo-natal Mortality per 1,000 births was 38.57

Deaths from Measles (all ages)	-
" " Whooping Cough (all ages)	-
" " Diarrhoea (under 2 yrs)	-
" " Cancer	198
" " Tuberculosis (all forms)	18

HOME NURSING.

The Queen's Nursing Institute of District Nursing made 154 single visits and 40 double visits during the period now under review.

BACTERIOLOGICAL LABORATORY.

The following specimens were examined for :-

Diphtheria

From patients in Hove, primary swabs.	106.
From contacts of notified cases in Hove	6
From Diphtheria patients in Borough Sanatorium	20
From patients in Portslade, primary swabs.	14
	<u>146</u>

Tuberculosis

From patients in Hove.	103
From patients in Portslade.	10
	<u>113</u>

Tuberculosis Dispensary.

From patients in Hove	61
From patients in Portslade	22
	<u>83</u>
	<u>342</u>

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### NURSING HOMES

The number of Nursing Homes on the register at the end of the year was 41. During the year 4 were discontinued and 5 new homes were registered.

### MATERNITY AND CHILD WELFARE.

#### Infant deaths 1945.

These totalled 49 and were made up as follows :-

Premature Births	11.
Gastro-enteritis	9.
Congenial Defects	12
Bronc. Pneumonia	8
Accidents of Childbirth	5
Miscellaneous	4

Deaths under one month totalled 31 and represented 63%

#### Midwives.

The Inspector of Midwives, who made 6 visits of inspection, received 54 notices of sending for medical help (44 in respect of the Mother, and 10 in respect of the Infant).

#### Puerperal Pyrexia

1 case of Puerperal Pyrexia was notified during the year.

#### Maternity Hospitals.

##### Normal Cases:-

Portland Road Branch, Sussex Maternity Hospital	56	admitted.
Buckingham Road Branch, do	22	"
Southlands Hospital	159	"
	<u>237</u>	

##### Abnormal Cases :-

Buckingham Road Branch	53	admitted
Southlands Hospital	95	"
	<u>148</u>	

### WELFARE CENTRES.

#### Health Visiting.

The Council employed 4 Officers on Health Visiting at the end of the year. The number of visits paid by Health Visitors during the year was:-

Expectant Mothers	First Visits	51
	Total Visits	101
Children under 1 year	First Visits	820
of age	Total Visits	2461
Children between the		
ages of 1 and 5 yrs.	Total Visits	4583

#### Infant Welfare Centres.

The Council provided and maintained 2 centres during the year.



Summary of attendances at the Centres:

	Clarendon <u>Villas</u>	Godwin <u>Road</u>	<u>Total</u>
Total number of first attendances during the year			
(a) Under 1 year	453	139	592
(b) Over 1 year	25	79	104
Individual children attending	1300	762	2062

HOVE WAR-TIME NURSERY.

Number of attendances during the year - 15,719.

VACCINATION.

534 Infants were vaccinated during the year.

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE

Notifiable cases in the year 1945

Disease	Total cases notified	Total Deaths
Diphtheria	5	-
Scarlet Fever	83	-
Pneumonia	47	16
Erysipelas	14	-
Puerperal Pyrexia	1	-
Cerebro Spinal Meningitis	1	-
Measles	571	-
Whooping Cough	7	-
Ophthalmia Neonatorum	2	-
Chicken Pox	2	-
Dysentary	1	-

ISOLATION HOSPITAL

Admissions.	<u>Hove</u>	<u>Outside</u>	<u>Total</u>
Scarlet Fever	45	30	75
Diphtheria	6	3	9
Measles	13	20	33
Erysipelas	2	-	2
Mumps	3	19	22
Chicken Pox	4	14	18
Cerebro Spinal Meningitis	2	1	3
Rubella	1	8	9
Dysentary	-	-	-
Whooping Cough	-	2	2
Para.Typhoid	2	-	2
Influenza	1	-	1
Chorea	1	-	1
Tonsillitis	1	1	2
Enteritis	1	-	1
Carbuncles of Neck	1	-	1
	83	98	181

TUBERCULOSIS.

NEW CASES AND MORTALITY DURING 1945.										CASES ON THE REGISTER.					
Age at time of Notification.	NEW CASES				DEATHS				MALES		FEMALES		TOTAL		
	Pul.		Non-Pul.		Pul.		Non-Pul.		Age at date of notification		Age at date of notification				
	M	F	M	F	M	F	M	F	Pul.	Non-Pul.	Pul.	Non-Pul.			
Under 1	1	-	-	-	-	-	-	-	-	-	-	-	16		
1-5	1	-	-	-	-	-	-	-	-	1	3	4	33		
5-10	2	2	-	1	-	-	-	1	20	4	4	5	34		
10-15	1	2	-	-	-	-	-	-	4	1	4	3	20		
15-20	4	4	-	-	-	-	-	-	1	4	8	6	40		
20-25	6	3	-	3	-	-	-	-	16	5	14	11	71		
25-35	10	4	-	1	-	-	-	-	32	3	23	14	70		
35-45	13	7	-	-	-	-	-	-	26	1	23	5	73		
45-65	17	5	-	-	-	-	-	-	44	-	3	3	10		
Over 65	2	3	-	1	-	-	-	-	4	-	6	-	10		
Age unknown															
	57	30	8	7	8	3	3	2	136	46	115	60	357		



SANITARY INSPECTION OF THE DISTRICT.

Annual statement of the Senior Sanitary Inspector  
for the year 1945.

TOTAL number of houses inspected (under Public Health or Housing Acts) .. . . .	758
TOTAL number of Revisits .. . . .	873
TOTAL number of inspections made for the purpose .. . . .	1078
Number of Houses inspected under the PUBLIC HEALTH ACTS.. . .	758
"    " Inspections made for the purpose .. . . .	873
"    " Revisits .. . . .	1078
"    " Houses inspected found satisfactory .. . . .	246
"    " Houses inspected found with defects .. . . .	512
"    " Informal notices served .. . . .	490
"    " Statutory Notices served.. . . .	16
Number of premises inspected (other than houses) from complaints of Nuisances etc. .. . . .	67
"    " Inspections made for the purpose .. . . .	74

FOOD RETAILERS PREMISES.

Number of Shops inspected in respect of Meat .. . . .	238
"    " Bakehouse Inspections.. . . .	39
"    " Preserved Food premises inspected.. . . .	23
"    " Fish .. . . .	53
"    " Grocery, Provisions etc. .. . . .	71
"    " Cafes, Restaurants, Kitchens, etc. .. . . .	37
"    " Other Shops.. . . .	11

SHOPS ACT 1934.

Number of Shops inspected .. . . .	52
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RATS AND MICE DESTRUCTION ACT.

Number of visits by Ratcatcher in respect of Rats and Mice..	1534
"    " Rats caught .. . . .	890
"    " Mice .. . . .	120

BASEMENT SURVEY.

Number of Dwellings inspected .. . . .	51
"    " Visits made for the purpose.. . . .	68

VERMIN (BUGS)

Number of Visits made regarding verminous premises .. . . .	121
"    "    " for disinfection of Rooms .. . . .	69
"    " Rooms treated for Vermin.. . . .	76

SAMPLES TAKEN - 1945.

TUBERCULIN TESTED (CERTIFIED) MILK .. . . .	67
TUBERCULIN TESTED MILK .. . . .	56
PASTEURISED MILK .. . . .	55
HEAT TREATED MILK... .. .	2
MINISTRY OF HEALTH SAMPLES... .. .	10

Samples not complying with the prescribed conditions :-

	<u>B.Coli</u>	<u>Failed</u> <u>Methylene Blue</u>	<u>Failed</u> <u>Both Tests</u>	<u>Total.</u>
TUBERCULIN TESTED (CERT).	3	11	6	20
TUBERCULIN TESTED	3	8	8	19
PASTEURISED MILK	1	2	4	7
MINISTRY OF HEALTH SAMPLES	1	-	-	1

All pasteurised Milk Samples  
satisfied Phosphatase Test.

ICE CREAM SAMPLES.

<u>SAMPLES TAKEN</u>	<u>UNSATISFACTORY</u> <u>COUNT.</u>	<u>UNSATISFACTORY</u> <u>B. COLI.</u>	<u>UNSATISFACTORY</u> <u>ON BOTH TESTS.</u>
24	2	2	8

FOOD AND DRUGS ACT 1938

MILK	64	- 1 Sample Deficient in Fat 1.3%
BUTTER	10	
SAUSAGES	6	
VINEGAR	8	- 1 Sample Deficient in Acetic Acid 7.25%
LARD	4	
WINE	1	
TABLE CREAM	1	- Powdered Gelatine As 203 - $\frac{1}{33}$ Grain per lb.
TABLE JELLY	1	



ICE CREAM.  
SAMPLES TAKEN DURING 1945.

Sample No.	Organisms per m.l.	B.Coli in 1/100 m.l.	Fat. %	Solids not Fat %	Price.
87	Too numerous to count.	Absent 3 tubes.	3	.	3, 4d, 6d.
88	34,000	Present 3 tubes.	1.8	Not Analysed.	1/-
89	Too numerous to count	Present 3 tubes.	2.7		6d.
90	Too numerous to count.	Present 3 tubes.	1.4		3d.
91	35,000	Present 3 tubes.	2.1		4d.
92	2,000	Absent 3 tubes.	11.7	-	6d
123	7,000	Absent 3 tubes	6.2	14.45	1/-
124	2,000,000	Present 3 tubes.	0.9	20.43	3d
125	8,000	Present 1 tube	1.2	14.62	3d.
126	1,000	Absent 3 tubes.	10.8	26.54	4d
127	9,000	Absent 3 tubes.	0.6	22. 0	3d
128	500,000	Present 3 tubes.	1.1	19.94	4d
129	238,000	Present 2 tubes.	0.6	15.49	4d.
130	Too numerous to count	Present 3 tubes.	1.2	15.18	3d,4d, 6d.
131	1,000	Absent 3 tubes.	9.8	17.75	6d.
132	2,000	Absent 3 tubes.	0.6	23.76	3d, 6d.
133	12,000	Absent 3 tubes.	1.0	15.23	3d.
134	4,000	Absent 3 tubes	0.1	21.14	4d.
135	880,000	Present 3 tubes.	1.0	20.14	2d
136	480,000	Absent 3 tubes.	1.8	15.98	3d,4d, 6d.
137	1,000	Absent 3 tubes.	12.0	19.20	6d.
138	65,000	Present 1 tube	14.0	18.48	6d.
139	168,000	Present 1 tube	1.2	21.85	6d
140	3,000	Absent 3 tubes.	12.5	19.59	6d

